

APPENDIX B

Snapshots of Nebraska MH and SA Service Definitions

Nebraska Behavioral Health System (NBHS)
SERVICE DEFINITIONS

(Services **Funded** through the Division and the Regions)

*NOTE: All consumers referred to outpatient community mental health services **MUST** be medically and psychiatrically stable prior to admission.*

Mental Health Services

Mental Health Emergency

24-Hour Crisis Line – Telephone access 24-hours/day, 7 days a week to staff trained in Mental Health support with access to Mental Health Professionals.

Mobile Crisis Response Teams – A two-person team offers on-site services assessment and crisis stabilization for individuals experiencing a mental health crisis; includes access to trained mental health staff, 24-hours/7days per week to provide interventions and/or screenings.

Crisis Respite – 24-hour short-term residential care typically for no more than 3 days for individuals with a severe and persistent mental illness needing supervised assistance to stabilize on their medications or get back on their medications.

Emergency Community Support – Aftercare service for individuals who have received Emergency Services; includes service identification, ensure arrangement and attendance at services, coordination of a care plan, provide or arrange for transportation, assist with housing, and direct support for teaching activities of daily living to keep someone out of the hospital. This service may begin until longer-term community support is available in the home community. The emergency community support averages no more than 120 days.

Crisis MH Assessment (see Crisis Center) – A thorough mental health assessment/evaluation completed by a psychiatrist for persons admitted to a Crisis Center on an EPC involuntary hold to determine mental illness diagnosis, dangerousness, and recommended service level. An evaluation for the Emergency Protective Custody (EPC) hold is completed within 36 hours to determine if further action should be taken.

Crisis Center (EPC) – 24-hour medical facility that can provide emergency care to stabilize a person on an EPC hold who is alleged to be mentally ill and dangerousness and/or substance dependent and dangerousness.. The county attorney makes a decision within 72 hours whether to request a hearing to involuntarily require someone to receive appropriate mental health and/or substance abuse services. An EPC hold can be dropped after the evaluation if no mental illness or substance dependency is found, or if the person agrees to voluntarily seek treatment. A commitment hearing must be held within 7 days of admission.

Mental Health Residential

(Step down after commitments)

Residential Rehabilitation (Psych Res Rehab) – 24 hour, residential facility in the community for persons with severe and persistent mental illness. Persons in this service need the 24-hour structured psychosocial rehabilitation and medication management to regain or relearn skills that will allow them to live independently in their communities. Length of service varies depending on individual needs but is not longer than 4-8 months. Length of service varies depending on individual needs but is usually not longer than 9-18 months.

Dual Residential -- Facility based program that provides simultaneous integrated treatment for individuals with severe and persistent mental illness and substance dependence. Includes medication management and psychosocial rehab as well as treatment for stabilization and recovery. Substance abuse and mental health professionals staff the service. Substance abuse and mental health treatment are integrated. Length of service varies depending on individual needs but is not longer than 4-8 months.

Mental Health Non-Residential

Assertive Community Treatment – Self-contained ten-member clinical team which assumes responsibility for directly providing comprehensive treatment, rehabilitation and support services to eligible consumers with severe and persistent mental illness. Often termed a “hospital without walls”, it allows for a team of professionals to be responsible for whatever it takes to keep someone out of the hospital. A team leader, psychiatrist, nurses, licensed mental health practitioner, certified substance abuse counselor, vocational specialist, peer specialist and other mental health professionals are full time members of the team. Because of the lack of psychiatrists and other clinically trained professionals on the team, this team approach to service provision has limited applicability in rural areas. Duration of this service is as needed to achieve stability in the functional deficit areas.

Day Treatment – Specialized medically based day program for persons with serious mental illness that enables a person to live independently and still attends an intensive program including assessment, individual, family and group therapy, and medication services as developed by a multidisciplinary team. Programming usually involves 6-8 hours of activity per day/6-7 days per week. Length of service varies depending on individual needs but is usually not longer than 21-45 days..

Day Rehabilitation – Facility based day program for a person with severe and persistent mental illness that focuses on psychosocial rehabilitation after treatment has stabilized the mental illness. Provides prevocational and transitional employment services, planned socialization, skill training in activities of daily living, medication management, and recreation activities are focused on returning a person to work and maintaining independence in the community. Programming usually involves 5 hours of activity per day/5 days per week and some weekends. Length of service varies depending on individual needs but is usually not longer than 6 months – 5 years.

Vocational Rehabilitation – Job coaching and supported employment funded through the Division of Vocational Rehabilitation with matching funds from the NBHS system. Services are provided to persons with severe and persistent mental illness.

Community Support – With 24 hour, 7-day/week availability, provides consumer advocacy, ensures continuity of care, active support in time of crisis, provides direct skill training in the residence and community, provide or arrange for transportation, arrange for housing, acquisition of resources and assistance in community integration for individuals with severe and persistent mental illness. Length of service varies depending on individual needs but is usually not longer than 6 months – 2 years.

Outpatient/Assessment – Assessment, diagnosis and psychotherapy/counseling for a variety of mental health problems which disrupt individual's life that includes counseling and talk therapy treatment to change behavior, modify thought patterns, cope with problems, improve functioning; may include coordination to other services to achieve successful outcomes. Length of service varies depends on individual illness and response to treatment but averages 10 sessions at least once per week. Group therapy sessions include approximately 3-8 persons. Family counseling are included in this service level.

Psychological Testing – Psychological and diagnostic tests completed by a licensed, clinical psychologist.

Medication Management – Prescription of appropriate psychotropic medication (usually, but not limited to persons with severe and persistent mental illness), and follow-up to therapeutic response, including identification of side effects. Medication checks usually take 15-30 minutes with the psychiatrist, an/or a nurse or case manager.

Vocational Support – Ongoing support for persons with severe and persistent mental illness after they have secured long term employment. The support activities general take place off the job site, but can include assistance in learning job duties, problem solving and other job functions in order for individual to maintain gainful employment. Length of service depends on individual consumer need but is usually not longer than 6-24 months.

Day Support (Drop-In Center w/Peer Support) -- Facility based program for persons with severe and persistent mental illness. This transition “drop-in” center for persons who have not yet enrolled in Day Rehabilitation, or who have completed their rehab plan in the Day Rehab service and want to continue to socialize with friends they have made at the Day Rehab service is designed to engage consumers. This service does not require a service plan but provides an environment to be with other people who share the same life and illness situation. Persons with severe and persistent mental illness are hired as peer specialist staff in this program. Additional support including outreach are the main focus of this drop in center. Pre-Day Rehab consumer length of stay may be 3-6 months. Post-Day Rehab consumer length of service is very individualized and may range from 6 months – 5+ years.

Care Monitoring (MH) -- Ongoing support case management service for persons who no longer need the active rehabilitation service of Community Support. Length of service depends on individual consumer need with documented client contact of no more than one time per month in person or by phone.

Nebraska Behavioral Health System (NBHS)
SERVICE DEFINITIONS
(Services Funded through the Division and the Regions)

NOTE: All consumers referred to outpatient community substance abuse services MUST be medically and psychiatrically stable prior to admission.

Substance Abuse Services

Substance Abuse Emergency

24 Hour Crisis Line - Telephone access 24-hours/day, 7 days a week to staff trained in Substance Abuse support with access to Substance Abuse certified professionals.

Social Detoxification / Civil Protective Custody (CPC) – Provides intervention in substance abuse emergencies on a 24-hour/day basis for acutely intoxicated individuals to restore from intoxicated state. Provides residential setting with staff present for observation, monitoring of vital signs, administration of fluids, provision for rest and substance abuse education, counseling and referral. Length of service varies depending on individual needs but is usually not longer than 2-5 days. CPC is a 24-hour legal hold that law enforcement can use to provide safety for the intoxicated person presented a danger to him/herself and/or others. The Social Detox facility may have 1-4 locked rooms available for a CPC involuntary hold to provide protection and detoxification services.

Emergency Community Support – Aftercare service for individuals who have received Emergency Services that includes service identification, ensure arrangement and attendance at services, coordination of a care plan, provide or arrange for transportation, arrange for housing and direct support for teaching activities of daily living to keep someone out of high intensity residential services. This service may begin until longer-term community support is available in the home community. The emergency community support averages no more than 120 days.

Crisis SA Assessment (see Crisis Center) – A thorough substance abuse assessment/evaluation completed by a Certified Alcohol and Drug Abuse Counselor (CADAC) or other clinician within the scope of practice for persons admitted to a Crisis Center on an EPC involuntary hold to determine substance abuse diagnosis, dangerousness, and recommended service level. An evaluation for the Emergency Protective Custody (EPC) hold is completed within 36 hours to determine if further action should be taken.

Crisis Center (EPC) – 24-hour medical facility that can provide emergency care to stabilize a person on an EPC hold who is alleged to be mentally ill and dangerousness and/or substance dependent and dangerousness. The county attorney makes a decision within 72 hours whether to request a hearing to involuntarily require someone to receive appropriate mental health and/or substance abuse services. An EPC hold can be dropped after the evaluation if no mental illness or substance dependency is found, or if the person agrees to voluntarily seek treatment. A commitment hearing must be held within 7 days of admission.

Substance Abuse Residential

Intermediate Residential -- Facility based service for chronic substance dependent persons who are at a high risk for relapse and/or a potential harm to self and others; these persons have significant deficits in ability to perform activities of daily living and/or cognitive deficits. Service provides significant staff support and addresses individual deficits at a moderately intensive level over a longer, sustained time. Length of service varies depending on individual needs but is not longer than 12-24 months.

Short Term Residential -- 24-hour, non-medical residential facility in the community for persons with primary substance dependence, an entrenched dependency pattern of usage and an inability to remain drug-free outside of 24 hour care. **Persons admitted must be medically and psychiatrically stable.** Provides highly structured, intensive, comprehensive addiction recovery services including individual and group therapy and counseling, limited medications services, and relapse prevention. Length of service varies depending on individual needs but is not longer than 15-30 days. Service formerly termed “inpatient” but can be successfully provided in the community not in a hospital.

Therapeutic Community -- 24-hour, non-medical residential facility in the community for persons with primary substance dependence. Persons are medically and psychiatrically stable. These programs provide psychosocial skill building through a longer term, highly structured set of peer oriented treatment activities which incorporate a series of defined phases. Services include a mixture of individual and group counseling/therapy, relapse prevention, educational, vocational and skill building activities. Length of service varies depending on individual needs but is not longer than 12-18 months.

Dual Residential -- Facility based program that provides simultaneous integrated treatment for individuals with primary substance dependence and a severe and persistent mental illness. Includes addiction recovery counseling and activities as well as medication management and education, and psychosocial rehabilitation services for the most severely mentally ill. Substance abuse and mental

health treatment are integrated. Length of service varies depending on individual needs but is not longer than 4-8 months.

Halfway House -- A transitional residential treatment facility in the community for adults seeking to re-integrate into the community, generally after primary treatment has been completed. Programs provide a structured supportive living environment, a set of activities designed to develop recovery living and relapse prevention skills and assists clients in maintaining or accessing employment as needed. The services are designed to develop the living skills necessary for an independent life free from substance abuse outside of a residential treatment program. Length of service varies depending on individual needs but is not longer than 90 days to 6 months.

Substance Abuse Non-Residential

Partial Care -- Specialized, facility based day program for persons with substance abuse/dependence problems. Provides intensive necessary services with medical back up in day programming including assessment, individual, family and group therapy and medication services as prescribed by a multidisciplinary team. A typical day includes up to 8-10 hours of programming. Length of service varies depending on individual needs but is usually not longer than 5-6 weeks.

Intensive Outpatient – Provides group focused non-residential treatment services for substance abuse/dependent individuals. Programming is centered on group counseling services and includes lectures and other didactic education. Services must include a minimum of 10 hours per week with at least 8 of those hours in group therapy and 2 in individual therapy. The therapy sessions take place a minimum of 3 to 5 times per week. Length of service varies depending on individual needs but is usually not longer than 6 weeks.

Community Support – 24 hour, 7 day/week availability of substance abuse support for persons with a substance dependency with the purpose to provide consumer advocacy, ensures continuity of care, support in time of crisis, provide direct procedural and recovery skill training, provide or arrange for transportation, arrange for housing, acquisition of resources and assistance in community integration for individuals with substance use disorders; a combination of case management, service coordination, and direct residential and community service support. Length of service varies depending on individual needs but is usually not longer than 6 months – 12 months.

Outpatient/Assessment – Assessment, diagnosis and counseling for a variety of substance use disorders which disrupt an individual's life; treatment to change behavior, modify thought patterns, cope with problems, improve functioning, and may include coordination to other services to achieve successful outcomes and prevent relapse. Length of service varies depends on individual illness and response to

treatment but averages 10 sessions at least once per week. Group therapy sessions include approximately 3-8 persons. Prevention counseling and family counseling are included in this service level.

Methadone Maintenance – Administration of methadone medication to enable an opiate addicted person to be free of heroin. Methadone replacement for heroin is a lifetime maintenance program. Counseling therapy interventions are included in the program. Administration of methadone medication occurs over several years.

Care Monitoring (SA) -- Ongoing support case management service for persons who no longer need the active rehabilitation service of Community Support. Length of service depends on individual consumer need with documented client contact of no more than one time per month in person or by phone.